## STATEMENT OF

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FORM 1	T ORGANIZATION						Office Use Only						
1. NAME OF COMMITTEE (ir	n full)	(Check	if name	-	le:If typing, e lines.	type	12F	E4M5					
ATLAS AIR	WORL	DWIDE H	IOLDIN(	GS, IN	IC. PC	LITIC		ACTI	ON (	COM	IMIT	TEE	
ADDRESS (number and street)  (Check if address is changed)		2000 Westchester Avenue											
		Purchase CITY A					STAT	 E <b>A</b>	10577-2		CODE	<b>A</b>	
COMMITTEE'S E-MA	AIL ADDRES	SS											
★ (Check if address is changed)		emidio.carrio	co@atlasair	.com						1 1			
		Optional Secon	nd E-Mail Add enor@atlas	ress sair.com	1								
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (URL)											
2. DATE 0		2016	T Y										
3. FEC IDENTIFIC	CATION NU	MBER ▶	C co	0478099									
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDE	ED (A)							
I certify that I have e	examined th	s Statement and	d to the best	of my kno	wledge and	d belief it	is true,	correct	and cor	nplete.			
Type or Print Name	of Treasurer	Emidio Carrico											
Signature of Treasure	er <i>Emidio</i>	o Carrico		[Ei	lectronically	Filed]	Date	M M	/ D	29		016	
NOTE: Submission of		ous, or incomplet ANY CHANGE IN		-					the pen	alties of	2 U.S.0	C. §437g.	
Office Use				Fe	r further info deral Election Il Free 800-42	Commissi				C FC			

Local 202-694-1100